

## GATHER YOUR PERSONAL AND FINANCIAL DATA

Provide details about your family situation, identify your investing approach, and rate your tolerance for risk—all of which may help shape your retirement income plan.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Retirement age \_\_\_\_\_

When do you plan to start receiving Social Security retirement benefits (if known)? \_\_\_\_\_

Include a partner or spouse in your plan?  Yes  No

Spouse's/Partner's Name: \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Retirement age \_\_\_\_\_

When does he/she plan to start receiving Social Security retirement benefits (if known)? \_\_\_\_\_

### INVESTMENTS AND RISK

If the markets were to decline in value early in your retirement, what would you do?

- Not sell, and stay with my long-term plan
- Sell most of my risky investments and buy more conservative ones
- Sell the majority of my portfolio and buy more conservative investments
- Sell my entire portfolio and remain in cash until the market recovers

Based on your tolerance for fluctuations in the market, as well as your overall investment goals, how comfortable are you with risk in your portfolio?

MORE RISK

LESS RISK



Risk is not a concern

Comfortable with higher-risk investments

Somewhat comfortable with risk

Prefer moderate risk

Comfortable with mostly lower-risk investments

Prefer low-risk investments

### IDENTIFY EXISTING AND POTENTIAL SOURCES OF INCOME AND ASSETS

List the income sources you will use to fund your retirement, as well as any assets and accounts you may have that could be converted into income.

INCOME	DESCRIPTION OF SOURCES OF INCOME (INCLUDING START AND END DATES)	MONTHLY INCOME	
		YOU	SPOUSE/ PARTNER
Annual Income		\$	\$
Social Security		\$	\$
Pension Plans		\$	\$
Annuity Income		\$	\$
Rental Income		\$	\$
Other		\$	\$
<b>TOTAL MONTHLY INCOME</b>		\$	\$

ASSETS	WHERE ASSETS ARE HELD				ANNUAL CONTRIBUTIONS		INVESTED ASSETS	
	(NAME OF INSTITUTION)	% STOCKS	% BONDS	% SHORT-TERM SECURITIES	YOU	EMPLOYER	YOU	SPOUSE/ PARTNER
Employer-Sponsored Retirement Savings Plans [401(k)s, 403(b)s, SEPs, etc.]							\$	\$
							\$	\$
							\$	\$
							\$	\$
Traditional IRAs, Rollover IRAs, Roth IRAs							\$	\$
							\$	\$
Taxable Mutual Funds, Individual Securities							\$	\$
							\$	\$
							\$	\$
Tax-Deferred Annuities (fixed and variable)							\$	\$
							\$	\$
Savings Accounts, Checking Accounts, CDs							\$	\$
							\$	\$
Other							\$	\$
<b>TOTAL INVESTED ASSETS</b>							\$	\$

ADD'L ASSETS/ FINANCIAL EVENTS	DESCRIPTION OF SOURCES OF INCOME (INCLUDING START AND END DATES)	MONTHLY INCOME	
		YOU	SPOUSE/ PARTNER
Real Estate		\$	\$
Inheritance		\$	\$
Stock Options		\$	\$
Other		\$	\$
<b>TOTAL RETIREMENT SAVINGS, INVESTMENTS, OTHER ASSETS</b>		\$	\$

### ESTIMATE YOUR ANTICIPATED RETIREMENT EXPENSES

Envision your life in retirement, and think about the expenses you will—or might—incur. Taking into account your lifestyle and goals, identify which expenses are essential (must have) and differentiate them from those that are discretionary (nice to have).

RECORD YOUR ESTIMATED MONTHLY RETIREMENT EXPENSES, AND INDICATE WHETHER THEY ARE ESSENTIAL AND IF THEY WILL VARY.		AMOUNT (\$)	IS IT ESSENTIAL? YES	WILL IT VARY? YES*
Housing	Homeowner's Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Household Improvement and Maintenance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Mortgage	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Property Tax	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Rent/Condo Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	Electric	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Oil/Gas	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone/Cable/Internet Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Water/Sewer	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Personal	Clothing	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Groceries	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry/Dry Cleaning	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Care (health and beauty aids)	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Health Care & Insurance	Dental, Vision, and Hearing	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Medicare Premium and Expenses	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Medicare Supplemental (Medigap) Premiums	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g., Out-of-Pocket Prescription Costs)	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Long-Term Care Insurance Premiums	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Life Insurance Premiums	\$	<input type="checkbox"/>	<input type="checkbox"/>
Family Care	Support of Children or Grandchildren	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Support of Parents	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other Obligations	\$	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL		\$		

\*If yes, please provide details to your advisor.

		AMOUNT (\$)	IS IT ESSENTIAL? YES	WILL IT VARY? YES*
Routine Transportation	Auto Loan or Lease Payment	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Excise Tax/Registration Fees	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Gasoline	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Routine Maintenance	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other Commuting Expenses	\$	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	Club Memberships	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Hobbies	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Travel and Vacations	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	Dining Out	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Movies/Theater/Sporting Events	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Charitable Donations	Charitable Donations	\$	<input type="checkbox"/>	<input type="checkbox"/>
Gifts	Gifts	\$	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous/Other	Miscellaneous/Other	\$	<input type="checkbox"/>	<input type="checkbox"/>
Custom Expenses	Expense 1:	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 2:	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 3:	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 4:	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 5:	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 6:	\$	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL		\$		
SUBTOTAL FROM PAGE 4		\$		
TOTAL		\$		

\*If yes, please provide details to your advisor.

## MEET WITH YOUR ADVISOR TO DEVELOP A RETIREMENT INCOME PLAN

In gathering this data, you have laid a foundation for your retirement income plan. Now it's time to work with your advisor to create a retirement income plan that:

- ☐ Covers essential expenses with existing dependable income sources, such as Social Security and pensions
- ☐ Funds discretionary expenses with other financial assets, including 401(k)s, IRAs, and taxable accounts
- ☐ Provides an asset management strategy to help ensure that your income can last a lifetime
- ☐ Builds in contingencies to address key risks that retirees may face, such as longevity, inflation, asset allocation, excess withdrawals, and health care costs